Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0970024	BOTSFORD DRIVE IN				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
282 SOUTH MA	N STREET	Connections			1			

Monitoring	Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		a 1.								
	10/1/10 - 12/31/10		Complete								
,	1/1/19 - 3/31/19		Complete								
			•								
	1/1/19 - 3/31/19		•								
Water System Facility: ENTRY POINT (WSF ID: 00700)	1/1/19 - 3/31/19 4/1/19 - 6/30/19		•								

water system racinty. ENTRY POINT (WSF ID. 00700)			
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	9/1/14 - 9/30/14	2	10/25/2014		11/4/2014					
Total Coliform MCL Violation	7/1/14 - 9/30/14	2	10/25/2014		11/4/2014					
Nitrate And Nitrite M&R Violation	4/1/15 - 6/30/15	2	2/6/2016		2/16/2016					

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21675	WELL	2	WELL	Α					

			Contact Ir	nformation					
Name				on			Job Title		
Mr. Kris J. Castagna			Botsford D	Botsford Drive-In					
Mailing Address Line One		Mailing A	ddress Line Tw	ress Line Two				State	Zip Code
12 Wills Road					N	ewtow	n	СТ	06470

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name							ification	Population	Owner Type	Primary Source		
СТ0970024	CT0970024 BOTSFORD DRIVE IN							25	Р	GW		
Local Address (v	vhere applicable	e)		Service	Residen	itial (Commerc	ial Industri	al Combine	ed Agricultural		
282 SOUTH MAI	N STREET			Connections			1					
Towns Served: N	NEWTOWN							·				
Business Phor	e Extension	Fax	Mobil	e Phone	Emergency	/ Phor	ie Email	Address				
203-426-4279	jumbo.dogs@gmail.com											
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		a= 11							
	Connecticut Departi				_			ection	
	Water Quality	Monitoring and	d Con	ıpli	ance S	Schedi	ıle		
PWS ID	PWS Name			Class	sification	Populatio	n O	wner Type	Primary Sourc
СТ0970044	CHRIST THE KING LUTHERAN CH	URCH			NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	tial (Commerci	al Indus	trial	Combine	d Agricultura
33 MOUNT PL	EASANT ROAD	Connections			1				
Towns Served	: NEWTOWN								
		Monitoring Requ	ireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTI	EM (WSF ID: 00600)							
Total Colifor	rm (3100)						1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)	ı	Monitori	ng Pe	riod C	ollection I	Perio	d Comp	liance Status
Select fro	om Inventory of Active Sampling Poi	nts :	10/1/18 -	12/3	1/18			C	omplete
			1/1/19 -	3/31	/19			C	omplete
			4/1/19 -		-				
			7/1/19 -	9/30	/19				
-	ameters (PPS)								per quarter
	Point (Sampling Point ID)		Monitori			ollection I	Perio		liance Status
Select fro	om Inventory of Active Sampling Poi	nts :	10/1/18 -						omplete
			1/1/19 -		•			C	omplete
			4/1/19 -						
			7/1/19 -	9/30	/19				
	m Facility: ENTRY POINT (WSF	ID: 00700)							
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)		Monitori			ollection I	erio		liance Status
ENTRY PO	JINI (3)		1/1/18 -						omplete
			1/1/19 -		-			C	omplete
	_		1/1/20 -				_		
	Pι	ublic Notification R	equire	eme	nts				
		Compliance	Notice			<u>otification</u>			<u>rtification</u>
Violation/Situ		Period	Tier		Required	Perforn	ned	Due to DPI	
	neters M&R Violation	4/1/09 - 6/30/09	3		9/8/2010			9/18/2010	
Total Coliform	MCL Violation	4/1/13 - 6/30/13	2	7,	/17/2013			7/27/2013	

Pub	Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	4/1/09 - 6/30/09	3	9/8/2010		9/18/2010						
Total Coliform MCL Violation	4/1/13 - 6/30/13	2	7/17/2013		7/27/2013						
Water System Facility and Sampling Point Inventory											
Water			То	tal Lead aı	nd						

	•	ate. Gystem raem	ity and samping i	•		7			
Water	Water System Easility	Campling Doint	Sampling Point		Total	Lead and		C4	
System	Water System Facility				Coliform				age
Facility IE		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 L	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KSHS	KIT HAND SNK	Α	Υ		Υ		
		KSTS	KIT SNK TRPL SNK	Α	Υ		Υ		
		RRLRN01	RR LADY ROOM NO 1	Α	Υ		Υ		
		RRLRN02	RR LADY ROOM NO 2	Α	Υ		Υ		
		RRMRN01	RR MENS NO 1	Α	Υ		Υ		
		RRMRN02	RR MENS NO 2	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21676	WELL	2	WELL	Α					

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	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source			
СТ0970044	CHRIST THE KING LUTHERAN CHURCH				NC	25	Р	GW			
Local Address (where applicable) Service			Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
83 MOUNT PLEASANT ROAD Connections					1						

Connecticut Department of Public Health Drinking Water Section

			(Contact Inf	ormation				
Name				Organization	1			Job Title	
Reverend Robert N	1orris			Christ The Ki	ng Lutheran Churc	Reverend			
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City		State	Zip Code
			81 Mount F	Pleasant Road		Newtown C1		СТ	06470
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ddress		
203-426-6300						ctknewtown@gmail.com			
Contact Role(s): A	dministrative	Contact							
Name				Organization	1			Job Title	
Mr. Mark Johannin	g			Christ The Ki	ng Lutheran Churc				
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
35 Mount Pleasant	Road					Newtown CT		06470	
D : DI	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ddress		
Business Phone									

Please note the following:

Towns Served: NEWTOWN

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Classification		Population	Ov	vner Type	Primary Source	
СТ0970094	DICKINSON MEMORIAL PARK				NC	25		Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industr	ial	Combine	d Agricultural
ELM DRIVE Connections					1				
owns Served: NEWTOWN									

ng Requirements						
00600)						
	1 rout	ine (RT) per quarter				
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
4/1/19 - 6/30/19	4/1/19 - 6/30/19					
7/1/19 - 9/30/19						
	1 rout	ine (RT) per quarter				
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 re	outine (RT) per year				
Monitoring Period	Collection Period	Compliance Status				
1/1/18 - 12/31/18	4/1-12/31	Complete				
1/1/19 - 12/31/19	4/1-12/31					
1/1/20 - 12/31/20	4/1-12/31					
pliance Schedules						
Due Date	Achieved D	ate				
3/1/2011						
3/1/2012						
3/1/2014						
3/1/2015						
4/1/2019						
	10/1/18 - 12/31/18 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 apliance Schedules Due Date 3/1/2011 3/1/2012 3/1/2014 3/1/2015	1 rout Monitoring Period 10/1/18 - 12/31/18 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Monitoring Period 10/1/18 - 12/31/18 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Collection Period 10/1/18 - 12/31/18 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Collection Period 1/1/18 - 12/31/18 4/1-12/31 1/1/19 - 12/31/19 4/1-12/31 1/1/20 - 12/31/20 Achieved D 3/1/2011 3/1/2012 3/1/2014 3/1/2015				

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBP			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		RRLRL	RR LADY ROOM L	Α	Υ	Υ			
		RRLRR	RR LADY ROOM R	Α	Υ	Υ			
		RRMRL	RR MENS RR - L	Α	Υ	Υ			
		RRMRR	RR MENS RR - R	Α	Υ	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		WF	WATER FOUNTAIN	Α	Υ	Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α					
21681	WELL #1	2	WELL #1	Α					
55240	WELL #2	2	WELL #2	Α	·				

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	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name Classification Population Owner Type Primary Source										
СТ0970094	DICKINSON MEMORIAL PARK			NC		25	Р	GW			
Local Address	Local Address (where applicable) Service Resid					al Industri	al Combine	ed Agricultural			
ELM DRIVE				1							

				Contact Inf	ormation					
Name				Organization	l			Job Title	9	
Mr. Carl Samuelson Newtow				Newtown Pa	rks & Rec		Park Super	Superintendent		
Mailing Address Lin	e One		Mailing	Address Line Two		City State Zip			Zip Code	
3 Main Street						Newtow	Newtown CT 064			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
203-270-4378				203-948-2523	203-417-8244	carl.samuelson@newtown-ct.gov			V	
Contact Role(s): A	dministrative	Contact	·							
Name				Organization	1			Job Title	9	
Ms. Donna Culbert				Newtown He	ealth District		Director of	Health		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
3 Primrose Street						Newtow	'n	CT	06470-2104	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
203-270-4291		203-270-	1528			donna.culbert@newtown-ct.gov				
Contact Role(s): Le	gal Contact					-1				

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classific	cation	Population	Owner Type	Primary Source	
CT0970114	DODGINGTON MARKET		NO	С	25	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commercial Ind		al Industri	al Combine	ed Agricultural	
57 DODGINGTO	N ROAD	Connections			1				
Towns Served: NEWTOWN									
Monitoring Requirements									

Towns Served: NEWTOWN			
Monito	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 21683)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	9/11/2015		
Water System Facilit	y and Sampling Point In	ventory	

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		HS	HAND SINK	Α	Υ		Υ		
		HSCOFFEE	HAND SINK COFFEE	Α	Υ		Υ		
		KSAPT1	KIT SNK APARTMENT 1	Α	Υ		Υ		
		KSAPT2	KIT SNK APARTMENT 2	Α	Υ		Υ		
		KSAPT3	KIT SNK APARTMENT 3	Α	Υ		Υ		

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	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monitoring and Con	npliance S	Schedul	e					
)	PWS Name	Classification	Population	Owner Type	Prima				

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970114	DODGINGTON MARKET			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
57 DODGINGTO	N ROAD	Connections		1			

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR				
	KSAPT4	KIT SNK APARTMENT 4	Α	Υ	Υ				
	RR	RR GENERIC RR	Α	Υ	Υ				
	RRAPT1	RR APARTMENT 1	Α	Υ	Υ				
	RRAPT2	RR APARTMENT 2	Α	Υ	Υ				
	RRAPT3	RR APARTMENT 3	Α	Υ	Υ				
	RRAPT4	RR APARTMENT 4	Α	Υ	Υ				
	TRIPLESNK	TRIPLE SINK	Α	Υ	Υ				
	UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 ENTRY POINT	3	ENTRY POINT	Α						
21683 WELL	2	WELL	Α						

				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. George Hamila	kis			Dodgington	Market				
Mailing Address Lin	e One		Mailing	lailing Address Line Two		City		State	Zip Code
57 Dodginton Road						Newtown		CT	06470
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
203-270-1678		203-270-	1678		203-232-1941				
Contact Role(s): A	dministrative	Contact, Leg	al Conta	ct, Owner					
Name				Organization				Job Title	
Mr. George Marne	lakis			Dodgington	Market				
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
4 Rockwell Road						Bethel		СТ	06801
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
203-426-0745					203-792-7868				

Contact Role(s): Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Comment's t)	- C D1-1' - II	la l P): 1	T	17-4-	C1'		
	Connecticut I	•							n	
	Water	Quality Mon	itoring and	l Comp	olian	ce Sc	hedul	e		
PWS ID	PWS Name			C	lassifica	tion Po	pulation	Owner Typ	oe Pr	imary Source
СТ0970154	CHEESEBREAD FACTO	RY			NC		28	Р		GW
Local Addre	ss (where applicable)		Service	Residentia	al Comi	mercial	Industria	al Comb	ined	Agricultural
286 SOUTH	MAIN STREET		Connections			1				
Towns Serv	ed: NEWTOWN									
		Mon	itoring Requi	irement	ts					
Water Syst	em Facility: DISTRIBUT	TION SYSTEM (WS	F ID: 00600)							
Total Coli	form (3100)						1	routine (RT) p	er quarter
Sampl	ing Point (Sampling Point I	(D)	1	Monitoring	Period	Colle	ction Pe	riod Co	mplic	ance Status
Select	from Inventory of Active Sa	ampling Points	1	0/1/18 - 12	2/31/18	3			Cor	mplete
				1/1/19 - 3/	/31/19				Cor	mplete
				4/1/19 - 6/	/30/19					
				7/1/19 - 9/	/30/19					
Physical P	arameters (PPS)						1	routine (RT) p	er quarter
Sampl	ing Point (Sampling Point I	ID)	/	Aonitoring	Period	Colle	ction Pe	riod Co	mplic	ance Status
Select	from Inventory of Active Sa	ampling Points	1	0/1/18 - 12	2/31/18	3			Cor	mplete
				1/1/19 - 3/	/31/19				Cor	mplete
				4/1/19 - 6/	/30/19					
				7/1/19 - 9/	/30/19					
Water Syst	em Facility: ENTRY PO	INT (WSF ID: 0070	0)							
Nitrate Ar	nd Nitrite (NOX)							1 routir	ie (R	T) per year
Sampl	ing Point (Sampling Point I	ID)	/	Monitoring	Period	Colle	ction Pe	riod Co	mplic	ance Status
ENTRY	POINT (3)		-	L/1/18 - 12	2/31/18				Cor	mplete
			-	L/1/19 - 12	2/31/19					
			-	L/1/20 - 12	2/31/20					
	Wa	ter System Fac	ility and Sam	npling P	oint I	nvent	ory			
Water						Total	Lead	and		
7	Nater System Facility		nt Sampling Poin	t		Colifor	т Сорј			Stage
Facility ID		ID	Description		Statu		Rule	Tier Asbe	stos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Y				
00700 E	NTRY POINT	3	ENTRY POINT		Α					
21686 \	WELL	2	WELL		Α					
		Co	ntact Inforn	nation						
Name			Organization					Job T	itle	
Mr. Gary M	Buzzanca		Buzz's Shell			C	Owner			
Mailing Add	lress Line One	Mailing Addr	ess Line Two				City	Stat	:e	Zip Code
286 South N	/Jain Street				N	lewtown		СТ	•	06470

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Mobile Phone

203-733-4621

Emergency Phone Email Address

garybuzz@charter.net

203-426-5750

Business Phone

203-426-5750

Extension

Contact Role(s): Legal Contact, Owner

Fax

203-270-9078

(Connecticu	t Depa	irtment c	of Public	Health	ı Drir	nking	, Water	Section	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0970154	CHEESEBREAD FAC	TORY				N	IC	28	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
286 SOUTH MAIN	STREET			Connectio	ns		1			
Towns Served: NE	WTOWN			1	,	,		,		
Name				Organization					Job Titl	e
Mr. George Koca	dag			Libya's Deli				Administi	rative	
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
286 South Main S	treet						Newto	wn	СТ	06470
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	Address	,	
203-426-9447					203-374	-5227				
Contact Role(s):	Administrative Co	ntact	"							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Commontiant	Dan auton and a C.D.	ulali a II a alah Duimbi	- M/-+ C	ati a sa
	•	ublic Health Drinkii	· ·	ction
	Quality Monitor	ing and Compliance		
PWS ID PWS Name	TATION (01700)			er Type Primary Source
CT0970174 FRIENDLY SERVICE S		NC .	25	P GW
Local Address (where applicable)		rvice Residential Comme innections 1	ercial Industrial (Combined Agricultural
151 SOUTH MAIN STREET Towns Served: NEWTOWN	-	nnections 1		
Towns Served: NEW TOWN	Monitori	ng Requirements		
Water System Facility: DISTRIBL		<u> </u>		
Total Coliform (3100)	711014 3131EW (4431 1D. C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 rout	ine (RT) per quarter
Sampling Point (Sampling Point	· ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active S	-	10/1/18 - 12/31/18		Complete
,	1 0	1/1/19 - 3/31/19		Complete
		4/1/19 - 6/30/19		<u> </u>
		7/1/19 - 9/30/19		
Physical Parameters (PPS)			1 rout	ine (RT) per quarter
Sampling Point (Sampling Point	· ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active S	Sampling Points	10/1/18 - 12/31/18		Complete
		1/1/19 - 3/31/19		Complete
		4/1/19 - 6/30/19		
		7/1/19 - 9/30/19		
Water System Facility: ENTRY PO	DINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)			1 r	outine (RT) per year
Sampling Point (Sampling Point	·ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/18 - 12/31/18		Complete
		1/1/19 - 12/31/19		
		1/1/20 - 12/31/20		
Monthly W	ater System Facility	(WSF) Level Monitorin	ng Requiremen	its
Water System Facility: ENTRY PC	OINT (WSFID: 00700)			
Analyte Monitori	ng Requirement (Summary		S	Samples Req/Month
pH Entry Poi	nt pH Monitoring (PHRD)	Minimum: 7 PH		4
Start Date: 1/1/2014			Operating Limit	Monitoring
			Compliance Status:	Compliance Status:
		11/1/2018 - 11/30/2018		N
		12/1/2018 - 12/31/2018		N
		1/1/2019 - 1/31/2019		N
		2/1/2019 - 2/28/2019		N
		3/1/2019 - 3/31/2019		
		4/1/2019 - 4/30/2019		
	Other Com	ipliance Schedules		
Compliance Schedule Activity		Due Date	Achieved D	
RESPOND TO SANITARY SURVEY		3/2/2019	3/22/201	19
CORRECTIVE ACTION/CORRECTIVE ACTION A		5/31/2019	= * *	
CORRECTIVE ACTION/CORRECTIVE AC		5/31/2019	3/22/201	19
	Public Notific	cation Requirements		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Notice

Tier

Compliance

Period

7/1/11 - 9/30/11

Violation/Situation

Total Coliform MCL Violation

Public Notification

Required

9/25/2011

Performed

PN Certification

Received

Due to DPH

10/5/2011

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		<u> </u>		1				
PWS ID	PWS Name			Classifica	ation P	opulation	Owner Type	Primary Source
СТ0970174	FRIENDLY SERVICE STATION (CITGO)			NC		25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Com	mercial	Industria	al Combine	ed Agricultural
151 SOUTH MA	N STREET	Connections			1			

	Wa	iter System Facili	ity and Sampling P	oint li	nventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Charles	Total Coliform Rule	Lead and Copper Rule Tier	Ashestos		Stage 2 DRPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Status A	Y	naic rici	ASSESTEDS	77 (7 2	. DDI K
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KSHS	KIT HAND SINK	Α	Υ		Υ		
		KSTS	KIT SNK TRPL SNK	Α	Υ		Υ		
		RR	RR GENERIC RR	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21688	WELL	2	WELL	Α					
FF742	TOTATA ATAIT OLANIT								

55713 TREATMENT PLANT

	Contact Information											
Name				Organization	Organization			Job Title				
Ms. Christine Hogan Consumers Petroleun							President					
Mailing Address Lin	e One		Mailing A	Address Line Two		City		State	Zip Code			
			497 Bic [Orive		Milford		СТ	06461			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress					
203-261-3123		203-261-7	7755		860-318-6797 chogan@consumerspetroleu			etroleum.co	om			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmer	nt of Public H	lealth	Dı	rinking	Water	Se	ection	
	Water Quality Mo				_				
PWS ID	PWS Name		<u>u don</u>	-		n Population O		ner Type Pi	rimary Source
CT0970184	70184 1 DODGINGTOWN ROAD				NC	38		P	GW
Local Address (ocal Address (where applicable) Service Reside				Commerci	al Industri	al	Combined	Agricultural
		Connections						3	
Towns Served:	NEWTOWN					·			
Monitoring Requirements									
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	n (3100)					1	. roı	utine (RT) į	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period C	ollection Pe	riod	Compli	ance Status
6 1 1 6									
Select from	n Inventory of Active Sampling Points		10/1/18	- 12/	31/18			Co	mplete
Select from	n Inventory of Active Sampling Points		10/1/18 ·						mplete mplete
Select from	n Inventory of Active Sampling Points			- 3/3	1/19				_ '
Select from	n Inventory of Active Sampling Points		1/1/19	- 3/3 - 6/3	1/19 0/19				_ '
	m Inventory of Active Sampling Points meters (PPS)		1/1/19 4/1/19	- 3/3 - 6/3	1/19 0/19	1	. roı	Co	_ '
Physical Para	,		1/1/19 4/1/19	- 3/3 - 6/3 - 9/3	1/19 0/19 0/19	1 ollection Pe		Co u tine (RT) Į	mplete
Physical Para Sampling	meters (PPS)		1/1/19 4/1/19 7/1/19	- 3/3 - 6/3 - 9/3	1/19 0/19 0/19 0/19			Co utine (RT) Compli	mplete per quarter
Physical Para Sampling	meters (PPS) Point (Sampling Point ID)		1/1/19 4/1/19 7/1/19 <i>Monitor</i>	- 3/3 - 6/3 - 9/3 ing F - 12/	1/19 0/19 0/19 0/19 <i>Period Co</i> 31/18			Coutine (RT) Compli	per quarter

Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Water System Facility: ENTRY POINT (WSF ID: 00700)

7/1/19 - 9/30/19

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

	Wat	er System Facili	ty and Sampling P	oint Ir	nventor	y
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BSHS	BAR HAND SINK	Α	Υ	Υ
		BTS	BAR SINK TRIPLE	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSD	KITCHEN SINK DOUBLE	Α	Υ	Υ
		KSHS	KITCHEN HAND SINK	Α	Υ	Υ
		KSHSNP	KIT HS NEAR PIZZA	Α	Υ	Υ
		RRLR	REST RM LADIES ROOM	Α	Υ	Υ
		RRMR	REST RM MENS ROOM	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Cara S	0 -		I			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970184	1 DODGINGTOWN ROAD			NC	38	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	al Industri	al Combine	ed Agricultural
		Connections				3	

	Water System Facility and Sampling Point Inventory								
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
21689	WELL	2	WELL	Α					

21089 WLLL				VVLLL		1			
				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. John M. Tambascio				Jct, LLC			Manager		
Mailing Address Line One Mailing Add			Address Line Two			City	State	Zip Code	
1 Dodgingtown Road					Newtow	n	СТ	06470	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-426-2715		203-270-0	6867		203-733-8893	john_m_	tambascio@s	bcglobal.n	et

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section								
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	Classification Population		Owner Typ	e Pr	imary Source
СТ0970234	KINGS RESTAURANT				NC	25	Р		GW
Local Address (where applicable)		Service	Residen	tial	Commerci	al Industri	al Combi	ned	Agricultural
271 SOUTH MAIN STREET		Connections	2		1				

Towns Served:	NEWTOWN
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Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 routine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19							
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19							
	1/1/20 - 12/31/20							

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 11/5/2017

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		KSD	KIT SNK DOUBLE	Α	Υ	Υ				
		KSDISHWASH	KIT SNK DISH WASH	Α	Υ	Υ				
		KSHSB	KIT HAND SNK BACK	Α	Υ	Υ				
		KSHSF	KIT HAND SNK FRONT	Α	Υ	Υ				
		KSS	KIT SNK SINGLE	Α	Υ	Υ				
		RR	RR GENERIC RR	Α	Υ	Υ				
		SERVSTABACK	SERVER STAT BACK	Α	Υ	Υ				
		SERVSTAFRON	SERVER STAT FRONT	Α	Υ	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
21693	WELL	2	WELL	Α						

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	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name			Clas	sification	Population	Owner Type	Primary Source			
CT0970234 KINGS RESTAURANT					NC	25	Р	GW		
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural		
271 SOUTH MAIN STREET		Connections	2		1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW	/TOWN								
			Co	ontact Inf	ormation				
Name Mr. Charles Bevensee				Organizatio	n		Job Title		
				271 South N	1ain Street				
Mailing Address Line One Ma			Mailing Address Line Two				City	State	Zip Code
P.O. Box 492						Botsford		СТ	06404
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	dress		
203-270-8792									
Contact Role(s): Le	gal Contact, Ov	vner							
Name				Organization			Job Title		

Kings Restaurant

Extension 203-426-6881

Please note the following:

Contact Role(s): Administrative Contact

Mailing Address Line One

271 South Main Street

Business Phone

Mr. Nick Pirraglia

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

06470

State

CT

Owner

City

Newtown

Emergency Phone Email Address

203-223-8100

	Connecticut Dep	oartment of	Public H	ealth I	Orink	ing W	Jater S	ection	
	Water Qu	ality Monit	oring and	d Comp	oliano	e Sch	nedule		
PWS ID	PWS Name			С	lassificat	ion Pop	ulation Ov	vner Type Pr	imary Source
СТ0970244	LORENZOS RESTAURANT				NC		29	Р	GW
Local Address (v	where applicable)		Service	Residentia	al Comm	nercial	Industrial	Combined	Agricultural
229 RIVERSIDE	ROAD		Connections			1			
Towns Served:	NEWTOWN				·	·			
		Monito	oring Requ	iremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn	n (3100)						1 ro	utine (RT) ¡	er quarter
Sampling I	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
Select fron	n Inventory of Active Sampli	ng Points		10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3,	/31/19			Co	mplete
				4/1/19 - 6,	/30/19				
				7/1/19 - 9,	/30/19				
Physical Para	meters (PPS)						1 ro	utine (RT)	er quarter
Sampling I	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
Select fron	n Inventory of Active Sampli	ng Points		10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3,	/31/19			Co	mplete
				4/1/19 - 6,	/30/19				
				7/1/19 - 9,	/30/19				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (1040	0)						1 ro	utine (RT) լ	er quarter
Sampling I	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
ENTRY POI	NT (3)			10/1/18 - 1	2/31/18			Co	mplete
				1/1/19 - 3,	/31/19			Co	mplete
				4/1/19 - 6,	/30/19				
				7/1/19 - 9,	/30/19				
Nitrite (1041)						1	routine (R	T) per year
Sampling I	Point (Sampling Point ID)			Monitoring	Period	Colle	ction Period	l Compli	ance Status
ENTRY POI	NT (3)			1/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 12	2/31/19			Co	mplete
				1/1/20 - 12	2/31/20				
	Water	System Facili	ty and Sar	npling P	oint Ir	nvento	ory		
Water						Total	Lead and		
•	er System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID	DIDLETION OVER	ID	Description		Status		Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
1		DOWNSTREAM	WITHIN 5 SER		Α				
		KSD	KIT SNK DOUE		Α	Y		Y	
		KSS	KIT SNK SINGI	.E	Α	Υ		Υ	

RR LADY ROOM

WITHIN 5 SERVICE CON

RR MENS RR

ENTRY POINT

WELL

Α

Α

Α

Α

Υ

Υ

RRLR

RRMR

UPSTREAM

3

2

00700 ENTRY POINT

WELL

21694

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	
	Т

				1				
PWS ID	PWS Name			Classific	cation P	opulation	Owner Type	Primary Source
СТ0970244	LORENZOS RESTAURANT			NC	3	29	Р	GW
Local Address (where applicable)	Service	Resider	ntial Con	nmercial	Industria	al Combine	ed Agricultural
229 RIVERSIDE	ROAD	Connections			1			

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Miss Laurie McCollum				Lorenzo's Re	Lorenzo's Restaurant			Property Owner		
Mailing Address Lin	e One		Mailing Ad	Address Line Two			City	State	Zip Code	
1 Cente Street						Sandy H	ook	СТ	06482	
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ddress			
203-426-3485					203-788-4079	lauriem3	30@sbcglob	al.net		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970254	133 MT PLEASANT ROAD			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
133 MT PLEASA	NT ROAD	Connections		1			

Towns Served: NEWTOWN

Monitoring Requirements						
00600)						
	1 rout	ine (RT) per quarter				
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 rout	ine (RT) per quarter				
Monitoring Period	Collection Period	Compliance Status				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19						
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 rc	outine (RT) per year				
Monitoring Period	Collection Period	Compliance Status				
1/1/18 - 12/31/18		Complete				
1/1/19 - 12/31/19						
1/1/20 - 12/31/20						
	Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/19 - 12/31/19 4/1/19 - 12/31/19	1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 ro Collection Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18				

Water Sy	stem Facility and Sa	ampling Point I	nvento	Ύ
			Takad	1

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BS	BAR SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KS	KIT SNK	Α	Υ	Υ
		RRLR	RR LADY ROOM	Α	Υ	Υ
		RRMR	RR MENS RR	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21695	WELL	2	WELL	Α		
59537	GAC FILTRATION					

			C	ontact Inf	ormation			
Name				Organization Job Title				
Mr. Paul Hilario				Owner				
Mailing Address Lin	e One		Mailing Add	ddress Line Two City State Zip				Zip Code
131 Mt Pleasant Ro	ad					Newtown	СТ	06470
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address		
203-426-1459		203-270-8	3211		203-426-1459	Hilariotow@aol.com		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<u> </u>			1				
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0970254	133 MT PLEASANT RO	OAD					NC	25	Р	GW
Local Address (v	where applicable)			Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
133 MT PLEASA	NT ROAD			Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Conn	ecticut Department of		
	<u> </u>	coring and Compliance	
PWS ID PWS Na			on Population Owner Type Primary Source
	JTH MAIN STREET - NEWTOWN	NC	125 P GW
Local Address (where app	plicable)	Service Residential Comme	ercial Industrial Combined Agricultural
		Connections 1	
Towns Served: NEWTOW			
		oring Requirements	
Water System Facility:	DISTRIBUTION SYSTEM (WSF I	D: 00600)	
Total Coliform (3100)			1 routine (RT) per month
Sampling Point (Sar	mpling Point ID)	Monitoring Period	Collection Period Compliance Status
Select from Invento	ry of Active Sampling Points	11/1/18 - 11/30/18	Complete
		12/1/18 - 12/31/18	Complete
		1/1/19 - 1/31/19	Complete
		2/1/19 - 2/28/19	Complete
		3/1/19 - 3/31/19	Complete
		4/1/19 - 4/30/19	
		5/1/19 - 5/31/19	
		6/1/19 - 6/30/19	
		7/1/19 - 7/31/19	
		8/1/19 - 8/31/19	
		9/1/19 - 9/30/19	
		10/1/19 - 10/31/19	
Physical Parameters	(PPS)		1 routine (RT) per month
Sampling Point (Sar		Monitoring Period	Collection Period Compliance Status
Select from Invento	ry of Active Sampling Points	11/1/18 - 11/30/18	Complete
		12/1/18 - 12/31/18	Complete
		1/1/19 - 1/31/19	Complete
		2/1/19 - 2/28/19	Complete
		3/1/19 - 3/31/19	Complete
		4/1/19 - 4/30/19	
		5/1/19 - 5/31/19	
		6/1/19 - 6/30/19	
		7/1/19 - 7/31/19	
		8/1/19 - 8/31/19	
		9/1/19 - 9/30/19	
<u> </u>		10/1/19 - 10/31/19	
Water System Facility:	ENTRY POINT (WSF ID: 00700)		
Nitrate And Nitrite (N	<u> </u>		1 routine (RT) per year

Monthly Water System Facility (WSF) Level Monitoring Requirements

Monitoring Period

1/1/18 - 12/31/18

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Collection Period

Compliance Status

Complete

Complete

Sampling Point (Sampling Point ID)

ENTRY POINT (3)

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source								
СТ0970304	160 SOUTH MAIN STREET - NEWTOWN NC 125 P GW								

Connections

Residential Commercial Industrial

1

Combined

Agricultural

Service

_	_			T
	nc 🔍 🗅 r		NI = VA/	'TOWN
1 0 00	113 261	veu.		10001

Local Address (where applicable)

Water System Facility: I	ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary T	ype) Operating Lim	it	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.0	Minimum: 7.0 PH	
Start Date: 10/1/2016	5	Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status	S: Compliance Status:
		11/1/2018 - 11/30/2018		N
		12/1/2018 - 12/31/2018		N
		1/1/2019 - 1/31/2019		N
		2/1/2019 - 2/28/2019		N
		3/1/2019 - 3/31/2019		
		4/1/2019 - 4/30/2019		

Public Notification Requirements							
	Compliance Notice		<u>Public No</u>	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
E. Coli M&R Violation	1/25/18 - 1/31/18	3	5/10/2019		5/20/2019		
E. Coli M&R Violation	1/25/18 - 1/31/18	3	5/30/2019		6/9/2019		
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	12/21/2019	1/3/2018	12/31/2019	1/15/2019	
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	12/21/2019	1/3/2019	12/31/2019	1/15/2019	

		- / -/	20 //02/20	//-		0, 2020 22, 2020	-, -0, -0-0
	Wate	r System Facili	ity and Sampling P	oint Ir	vento	ry	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ		
		BSHS1	BAR HAND SINK NO 1	Α	Υ	Υ	
		BSHS2	BAR HAND SINK NO 2	Α	Υ	Υ	
		BSHS3	BAR HAND SINK NO 3	Α	Υ	Υ	
		BSHS4	BAR HAND SINK NO 4	Α	Υ	Υ	
		BSHS5	BAR HAND SINK NO 5	Α	Υ	Υ	
		BST	BAR SINK TRIPLE	Α	Υ	Υ	
		DOWNSTREAM	KITCHEN BACK HAND SI	Α	Υ		
		KSDISHWASH	KIT SNK DISH WASH	Α	Υ	Υ	
		KSHS	KIT HAND SNK	Α	Υ	Υ	
		KSS	KIT SNK SINGLE	Α	Υ	Υ	
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ	
		RRLRL	RR LADY ROOM L	Α	Υ	Υ	
		RRLRR	RR LADY ROOM R	Α	Υ	Υ	
		RRMR	RR MENS RR	Α	Υ	Υ	
		UPSTREAM	KITCHEN FRONT SINGLE	Α	Υ		
00700	ENTRY POINT	3	ENTRY POINT	Α			
60346	WELL 2	2	WELL 2	Α			
60348	WELL 2 TREATMENT PLANT						

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		- 0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970304	160 SOUTH MAIN STREET - NEWTOWN			NC	125	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

			Co	ontact Inf	ormation				
Name				Organization	l	Job Title			
Mr. Kung Wei				Red Rooster Pub LLC			Owner		
Mailing Address Line One Mailing Addr			ess Line Two		City		State	Zip Code	
160 South Main Str	eet					Newtow	'n	СТ	06470
Business Phone Extension Fax M			Мо	bile Phone	Emergency Phone	Email Ad	mail Address		
203-270-0788					646-322-8208	ago-wei	@hotmail.co	m	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monit				_			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0970314	316 SOUTH MAIN STREET				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			
	NEWTOWN					,		

Towns Served: NEWTOWN				
Monitori	ng Requirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)			
Total Coliform (3100)		1 routine (RT) per mon		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete	
	12/1/18 - 12/31/18		Complete	
	1/1/19 - 1/31/19		Complete	
	2/1/19 - 2/28/19		Complete	
	3/1/19 - 3/31/19		Complete	
	4/1/19 - 4/30/19			
	5/1/19 - 5/31/19	_		
	6/1/19 - 6/30/19			
	7/1/19 - 7/31/19			
	8/1/19 - 8/31/19			
	9/1/19 - 9/30/19			
	10/1/19 - 10/31/19			
Physical Parameters (PPS)		1 rou	tine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete	
	12/1/18 - 12/31/18		Complete	
	1/1/19 - 1/31/19		Complete	
	2/1/19 - 2/28/19		Complete	
	3/1/19 - 3/31/19		Complete	
	4/1/19 - 4/30/19			
	5/1/19 - 5/31/19			
	6/1/19 - 6/30/19			
	7/1/19 - 7/31/19			
	8/1/19 - 8/31/19			
	9/1/19 - 9/30/19			
	10/1/19 - 10/31/19			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			

Wa	ter System Facili	ity and Sampling P	oint In	vento	ry		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			

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	Connecticut Departm	ent of Public H	lealth	Drinking	g Water	Section	
	Water Quality	Monitoring and	d Con	ipliance S	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0970314	316 SOUTH MAIN STREET			NC	25	Р	GW
Local Address	Local Address (where applicable) Service Resid			tial Commerci	ial Industri	ial Combine	ed Agricultural
		Connections		1			
Towns Served	: NEWTOWN			,			
	Water Syster	n Facility and Sar	mpling	Point Inve	ntorv		

	Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR		
		BSHS	BAR HAND SINK	Α	Υ	Υ		
		BSTS	BAR SINK TRIPLE	Α	Υ	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		KSHS	KIT HAND SNK	Α	Υ	Υ		
		KSS	KIT SNK SINGLE	Α	Υ	Υ		
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ		
		RRLR	RR LADY ROOM	Α	Υ	Υ		
		RRMR	RR MENS RR	Α	Υ	Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21699	WELL	2	WELL	Α				
57380	TREATMENT STATION							
		Con	tact Information					

ne xtension	Fax					Manging Mo	Job Title	
			Frenkel Realt			Manging M		
				y Assoc Ltd Partn		Manging M	l	
		∕lailing Addr	ess Line Two			IVIALIBILIS IVI	emper	
xtension	Fax		ddress Line Two			City	State	Zip Code
xtension	Fax				Sandy Hook		СТ	06482
		Mo	bile Phone	Emergency Phone	Email Ad	dress		
		203	03-994-0614 203-994-0614 susanfrenkel@att.net					
nistrative Contact		·						
			Organization			Job Title		
ites Ltd Prtshp								
Mailing Address Line One Mailing Add			ress Line Two			City	State	Zip Code
					Sandy Ho	ook	СТ	06482
xtension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
er								
			Organization				Job Title	
			Frenkel Reali	ty Associates Ltd		General Par	tner	
ne	Λ	/Jailing Addr	ess Line Two			City	State	Zip Code
					Stratford		СТ	06497
xtension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
r	tes Ltd Prtshp ne ktension	tes Ltd Prtshp ne ktension Fax er	tes Ltd Prtshp ne Mailing Addr ktension Fax Mo er Mailing Addr	Organization tes Ltd Prtshp ne Mailing Address Line Two ktension Fax Mobile Phone or Organization Frenkel Reali ne Mailing Address Line Two	Organization tes Ltd Prtshp ne	Organization tes Ltd Prtshp ne	Organization tes Ltd Prtshp ne	Organization Job Title tes Ltd Prtshp ne Mailing Address Line Two City State Sandy Hook CT stension Fax Mobile Phone Emergency Phone Email Address or Organization Job Title Frenkel Reality Associates Ltd General Partner ne Mailing Address Line Two City State Stratford CT

Connecticut Department of Public Health	Dr	in	king	g W	'ater	Se	ction		
Water Quality Monitoring and Compliance Schedule									
DIA/C AL				_	1	_		ъ.	

						1				
PWS ID	PWS Name					Classifica	tion P	opulation	Owner Type	Primary Source
CT0970314	316 SOUTH MAIN STI	REET				NC		25	Р	GW
Local Address (v	Local Address (where applicable)			Service	Resider	itial Commerci		Industri	al Combine	ed Agricultural
				Connections			1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	e	
PWS ID						Classification Population Ow		Primary Source
СТ0970384	T0970384 ROCK RIDGE COUNTRY CLUB						Р	GW
Local Address (w	here applicable)	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 302		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWTOWN **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 Complete 12/1/18 - 12/31/18 Complete 1/1/19 - 1/31/19 Complete 2/1/19 - 2/28/19 Complete 3/1/19 - 3/31/19 Complete 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** Select from Inventory of Active Sampling Points 11/1/18 - 11/30/18 Complete 12/1/18 - 12/31/18 Complete 1/1/19 - 1/31/19 Complete 2/1/19 - 2/28/19 Complete 3/1/19 - 3/31/19 Complete 4/1/19 - 4/30/19 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 10/1/19 - 10/31/19 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year **Collection Period Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period ENTRY POINT (3)** 1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19 1/1/20 - 12/31/20 **Other Compliance Schedules Achieved Date Compliance Schedule Activity Due Date** RESPOND TO SANITARY SURVEY 9/17/2007

3/1/2020

CROSS CONNECTION SURVEY REPORT

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classif	fication [Population	Owner Type	Primary Source
СТ0970384	ROCK RIDGE COUNTRY CLUB			N	NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Co	ommercia	Industri	al Combine	ed Agricultural
ROUTE 302		Connections			1			

Towns Served: NEWTOWN

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certificati</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
E. Coli	10/1/17 - 10/31/17	3	3/12/2019	3/11/2019	3/22/2019	3/22/2019				

	Wa	ter System Facili	ty and Sampling P	oint Ir	nventor	·у
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		BS	BAR SINK	Α	Υ	Υ
		CONSTAND	CONCESSION STAND	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSD	KIT SNK DOUBLE	Α	Υ	Υ
		KSHS1	KIT HAND SNK 1	Α	Υ	Υ
		KSHS2	KIT HAND SNK 2	Α	Υ	Υ
		KSHS3	KIT HAND SNK 3	Α	Υ	Υ
		KSHS4	KIT HAND SNK 4	Α	Υ	Υ
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ
		RRLR	RR LADY ROOM	Α	Υ	Υ
		RRMR	RR MENS RR	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21706	WELL	2	WELL	Α		
60740	STORAGE TANK					

Contact Information											
Name				Organization	1	Job Title					
Mr. Richard Tibbits	ŀ		Rock Ridge C	Country Club	Club Manager						
Mailing Address Lin	e One		Mailing Add	ress Line Two			City		Zip Code		
Rock Ridge Road			P.O. Box 116	5		Newtow	n	СТ	06470		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress				
203-426-2106		203-270-1	1932			rockridg	ockridgecountry@snet.net				
Contact Dala(s).	d	C	al Cambant		•	•					

Contact Role(s): | Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970404	SANDY HOOK DINER			NC	25	Р	GW
Local Address ((where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
98 CHURCH HII	LL ROAD	Connections		1			

Towns Served: NEWTOWN

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

		water System Facili	ty and Sampling F	oint ii	iventoi	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				

Α

00600 DISTRIBL DOWNSTREAM WITHIN 5 SERVICE CON **KSHSB** KIT HAND SNK BACK Α Υ Υ **KSHSF** KIT HAND SNK FRONT Υ Υ **KSTS** KIT SNK TRPL SNK Α Υ Υ RRLR RR LADY ROOM Α Υ Υ RRMR RR MENS RR Α Υ Υ **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α

2

WELL 59120 PRESSURE TANK

21708

33120 TRE3301	L IAIN								
			Co	ontact Inf	ormation				
Name				Organization			Job Title		
Mr. Robert Corriga	n		Sandy Hook	Diner		Owner			
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
P.O. Box 525C/O Sa	ndy Hook Din	er				Southbu	ry	СТ	06488
Business Phone Extension Fax			Mo	bile Phone	Emergency Phone	Email Address			
202 270 5500			20.	2 000 0024					

WELL

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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	Wa	ter Quality M	Ionitoring and	d Con	npl	liance S	Schedul	le			
PWS ID	PWS ID PWS Name				Classification		Population	Owner Type	Primary Source		
СТ0970404	SANDY HOOK D	INER			NC	25	Р	GW			
Local Address	(where applicable)		Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural		
98 CHURCH HI	LL ROAD		Connections			1					
	Towns Served: NEWTOWN										
203-270-33	205-270-5509										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C						Population	Owner Type	Primary Source
СТ0970464	MISTYVALE DELI				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
51 BERKSHIRE R	OAD	Connections			1			

Towns Served: NEWTOWN

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	JUJ	_	(27)
Total Coliform (3100)	Adamstanton Dania d		tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		_
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)			tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory Total Lead and Water Sampling Point Sampling Point **Water System Facility** Coliform System Copper Stage **Description** ID Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Α Υ Υ **DISHWASH** DISH WASH SINK

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

СТ0970464	MISTYVALE DELI	NC	25	Р	GW				
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source				
	Water Quality Monitoring and Compliance Schedule S ID PWS Name Classification Population Owner Type Primary Sour								
	Water Ouality Monitoring and Compliance Schedule								

Connections

Residential Commercial Industrial

1

Combined

Agricultural

Service

Connecticut Department of Dublic Health Drinking Water Costion

Towns Served: NEWTOWN

51 BERKSHIRE ROAD

Local Address (where applicable)

	Water System Facility and Sampling Point Inventory										
Water					Total	Lead and					
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage		
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP .	2 DBPR		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		HSBACK	HAND SINK BACK	Α	Υ		Υ				
		HSFRONT	HAND SINK FRONT	Α	Υ		Υ				
		RR	RR GENERIC RR	Α	Υ		Υ				
		SLOP	SLOP SINK	Α	Υ		Υ				
		SS	SINGLE SINK	Α	Υ		Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21714	WELL	2	WELL	Α							

			Co	ontact Inf	ormation					
Name		Organization		Job Title						
Ms. Joyce Sgobbo							Property Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City State Zip Code			
37 Villa Street						Mt Vern	ernon NY 10552-302			
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address		<u> </u>		
Contact Role(s): O										

iontact Role(s): | Owner

•••••••••••••••••••••••••••••••••••••••									
Name	Name				1	Job Title			
Mr. Peter A. Leone		Misty Vale Deli Restaurant Owner					Owner		
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City State Zip C			
51 Berkshire Rd						Sandy H	andy Hook CT 0648		
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Address			
203-426-1789		203-743-	4321		203-270-9182	heathmar1@sbcglobal.net			
			· · · · · · · · · · · · · · · · · · ·						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
СТ0970534	BURRITO SHACK				NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
314 SOUTH MA	N STREET	Connections			1			

Towns Served: NEWTOWN

Monitor	ing Requirements			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			
Physical Parameters (PPS)	vsical Parameters (PPS) 1 routine (RT)			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			
Water System Facility: ENTRY POINT (WSF ID: 00700)				
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19			
	1/1/20 - 12/31/20			

Water System Facility and Sampling Point Inventory								
Total	Lead and							

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		KSD	KIT SNK DOUBLE	Α	Υ	Υ
		KSHSB	KIT HAND SNK BACK	Α	Υ	Υ
		KSHSF	KIT HAND SNK FRONT	Α	Υ	Υ
		KSS	KIT SNK SINGLE	Α	Υ	Υ
		KSTS	KIT SNK TRPL SNK	Α	Υ	Υ
		RRNO1	RR NUMBER 1	Α	Υ	Υ
		RRNO2	RR NUMBER 2	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
22932	WELL #1	2	WELL	Α		

		(Contact Info	ormation				
Name	Organization	l		Job Title				
Ms. Susan Frenkel	Frenkel Realt	ty Assoc Ltd Partn		Manging Member				
Mailing Address Line One	ss Line One Mailing Address Line Two City			City	State	Zip Code		
29 Canterbury Road					Sandy H	ook	СТ	06482
Dusiness Dhone Extension	Гоч	P	Mahila Dhana	Emargana, Dhana	Emanil An	ldross		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking water Section										
	Wa	ater Quality	Monit	oring ai	nd Con	nplia	ince S	Schedul	le		
PWS ID	PWS Name						fication	Population	Owner Type	Primary Source	
CT0970534	70534 BURRITO SHACK							25	Р	GW	
Local Address (w	vhere applicable	2)		Service	Residen	ntial Commerc		ial Industri	al Combine	ed Agricultural	
314 SOUTH MAI	N STREET			Connections			1				
Towns Served: N					·				·		
Dusiliess Filon	e LXterision	Tax	IVIODII	e Filone	Linergency	rnone	: Lillali /	Address			
203-426-6256 203-994-0614 2					203-994	0614 susanfrenkel@att.net					
Contact Role(s):	Administrative	e Contact, Legal Con	tact								

Connecticut Department of Public Health Drinking Water Costion

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connection Domeston	4 of D. kl: - U	المماليا	D	win leier	~ Y A	Va+	C	oti o		
	Connecticut Departmen					_			ection		
	Water Quality Mo	onitoring and	d Con	-		_					
PWS ID	PWS Name			Cla	assification	Pol	pulation	Ow	ner Type	Primary	Sourc
СТ0979354	SUGAR HILL, LLC				NC		50		Р	G\	N
Local Address ((where applicable)	Service	Residen	ntial	Commerc	ial	Industri	al	Combine	d Agri	cultur
153 SUGAR ST	REET	Connections			1						
Towns Served:	NEWTOWN										
	Mo	onitoring Requ	iireme	nt	S						
Water Systen	n Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)									
Total Colifor	m (3100)						1	ro	utine (RT)	per q	Jartei
Sampling	Point (Sampling Point ID)		Monitori	ing	Period (Colle	ction Pe	riod	Comp	liance S	tatus
Select fro	m Inventory of Active Sampling Points		10/1/18 -	- 12	/31/18				С	omplet	e
			1/1/19 -	- 3/:	31/19				С	omplet	e
			4/1/19 -	- 6/	30/19						
			7/1/19 -	- 9/:	30/19						
Physical Para	ameters (PPS)						1	ro	utine (RT)	per q	Jarte
Sampling	Point (Sampling Point ID)		Monitori	ing	Period (Colle	ction Per	riod	Comp	liance S	tatus
Select fro	m Inventory of Active Sampling Points		10/1/18 -							omplet	
			1/1/19 -						С	omplet	е
			4/1/19 -								
			7/1/19 -	- 9/:	30/19						
•	n Facility: POINT OF ENTRY (WSF ID	: 00700)									
Nitrate (104	•								utine (RT)		
	Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod		liance S	
POINT OF	ENTRY (3)	:	10/1/18 -							omplet	
			1/1/19 -						С	omplet	e
			4/1/19 -								
/400	4)		7/1/19 -	- 9/.	30/19			_	,	 /	
Nitrite (104:			0.4 i		Daviad	C-11-	etien De		routine (-
	Point (Sampling Point ID)		Monitori			Lone	ction Pe	rioa		liance S	
POINT OF	ENTRY (3)		1/1/18 - 1/1/19 -							omplet omplet	
			1/1/19 -							ompiet	е
	Oth		• •		•						
<u> </u>		er Compliance									
	hedule Activity				e Date		Achie	ved	Date		
	ANITARY SURVEY				5/2008						
	ANITARY SURVEY				6/2008		0/4	2/2	010		
CORRECTIVE A	CTION/CORRECTIVE ACTION PLAN				/2019	_	9/1	2/2	<u>π</u>		
	Water System F	acility and Sar	npling	P	oint Inve	ent	ory				
Water	ter System Eacility Sampling	Point Sampling Poi				otal	Lead		1		Staa

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID **Description** Rule Tier Asbestos WQP 2 DBPR Rule Status 00500 **ION EXCHANGE - NITRATE REMOVAL DISTRIBUTION SYSTEM DISTRIBUTION** 00600 4 Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 POINT OF ENTRY 3 POINT OF ENTRY Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		 			1				
PWS ID	PWS Name				Classif	fication F	Population	Owner Type	Primary Source
СТ0979354	SUGAR HILL, LLC				Ν	NC	50	Р	GW
Local Address (where applicable)		Service	Residen	itial Co	ommercia	l Industri	al Combine	ed Agricultural
153 SUGAR STR	EET		Connections			1			

	Water System Facility and Sampling Point Inventory												
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage				
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR				
53104	WELL	2	WELL	Α									

33104 WELL				VVLLL	<i>-</i>	`			
			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Charles R. Mer	rifield, Jr.			Sugar Hill, LL	С		Member		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
153 Sugar Street						Newtow	n	СТ	06470
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
203-426-8409						crmjr69	@yahoo.com		

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public F	lealth	D	rinking	g Water	Se	ection			
	Water Quality Mo	nitoring an	d Con	ıpl	liance S	Schedul	e				
PWS ID	PWS Name			Cla	ssification	on Population O		ner Type Pi	rimary Source		
СТ0979393	144 SUGAR STREET				NC	25		Р	GW		
Local Address (where applicable)	Service	Residen	tial	Commerc	ial Industri	al	Combined	Agricultural		
		Connections			1						
Towns Served:	NEWTOWN						,				
	Mo	nitoring Requ	uireme	nts	;						
Water System	n Facility: DISTRIBUTION SYSTEM (W	'SF ID: 00600)									
Total Colifor	m (3100)					1	. rou	ıtine (RT) _l	per quarter		
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	Collection Pe	riod	Compli	Compliance Status		
Select from	m Inventory of Active Sampling Points		10/1/18 -	12/	31/18			Co	mplete		
			4/1/19 -	6/3	0/19			Co	mplete		
			7/1/19 -	9/3	0/19						
Physical Para	ameters (PPS)					1	. rou	ıtine (RT) _ا	per quarter		
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	Collection Pe	riod	Compli	ance Status		
Select fro	m Inventory of Active Sampling Points		10/1/18 -	12/	31/18			Co	mplete		
			4/1/19 -	6/3	0/19			Co	mplete		
			7/1/19 -	9/3	0/19						
Water System	n Facility: ENTRY POINT (WSF ID: 007	700)									
Nitrate And I	Nitrite (NOX)						1	routine (R	T) per year		
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	Collection Pe	riod	Compli	ance Status		
ENTRY PO	INT (3)		1/1/18 -	12/3	31/18			Co	mplete		
			1/1/19 -	12/3	31/19			Co	mplete		
			1/1/20 -	12/3	31/20						
	Oul	6 1:	. C - II								

Other Compliance Schedules											
Compliance Schedule Activity	Due Date	Achieved Date									
CROSS CONNECTION EXEMPTION	3/1/2016										
RESPOND TO SANITARY SURVEY	10/6/2018										
SEASONAL START UP COMPLETION	4/1/2019										

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbesto	Stage s WQP 2 DBPR						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α									
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		FRUITSINK	FRUIT WASHING SINK	Α	Υ	Υ							
		HSBACK	HAND SINK BACK	Α	Υ	Υ							
		HSFRONT	HAND SINK FRONT	Α	Υ	Υ							
		NEARHOLDING	SNK NEAR HOLDING TNK	Α	Υ	Υ							
		RR	RR GENERIC RR	Α	Υ	Υ							
		TRPLSNKBACK	TRIPLE SINK BACK	Α	Υ	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
53583	WELL	2	WELL	Α									

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
СТ0979393	144 SUGAR STREET				NC	25	Р	GW			
Local Address	(where applicable)	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural				
		Connections			1						

Contact Information

Connecticut Department of Public Health Drinking Water Section

Towns Served	I: NEWTOWN
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Name				Organization	1	Job Title				
Ms. Shirley Ferris				144 Sugar St	reet LLC		Co-Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code	
144 Sugar Street						Newtow	n	СТ	06470	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
203-270-1406					203-426-5273	tlferris@	sbcglobal.net	t		
Contact Role(s): A	dministrative C	Contact, Leg	gal Contact, O	wner						
Name				Organization	1			Job Title		
Ms. Theresa Ferris				Ferris Acres	Creamery		Owner/Man	ager		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
144 Sugar Street						Newtow	n	СТ	06470	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
203-426-8803					203-240-4633	tlferris@	sbcglobal.net	t		
Contact Role(s): O	wner				•					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
СТ0979284	130 MT PLEASANT TAVERN, LLC (MCGUIRES)			NC	25	Р	GW					
Local Address (where applicable)	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural						
130 MOUNT PL	EASANT ROAD - NEWTOWN	Connections		1								

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Public Notification Requirements											
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certij	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	1/1/10 - 3/31/10	2	6/17/2010		6/27/2010						
Total Coliform M&R Violation	4/1/10 - 6/30/10	2	9/22/2010		10/2/2010						
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	4/29/2011		5/9/2011	_					
Physical Parameters M&R Violation	4/1/10 - 6/30/10	3	8/23/2011		9/2/2011	_					
Physical Parameters M&R Violation	7/1/10 - 9/30/10	3	3/29/2012		4/8/2012						

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and						
Facility ID		ID	Description -	Status	Dula	Copper Stage Rule Tier Asbestos WQP 2 DBPR						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α								
		BHSBACK	BAR HAND SINK BACK	Α	Υ	Υ						
		BSHSFRONT	BAR HAND SINK FRONT	Α	Υ	Υ						
		BSTBACK	BAR SNK TRIPLE BACK	Α	Υ	Υ						
		BSTFRONT	BAR SNK TRIPLE FRONT	Α	Υ	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		KSD	KIT SNK DOUBLE	Α	Υ	Υ						
		KSHSB	KIT HAND SNK BACK	Α	Υ	Υ						
		KSHSF	KIT HAND SNK FRONT	Α	Υ	Υ						

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

				1				
PWS ID PWS Name C					sification	Population	Owner Type	Primary Source
СТ0979284	130 MT PLEASANT TAVERN, LLC (MCGUIRES)		NC	25	Р	GW		
Local Address (where applicable)	Service	Resider	ntial C	Commercia	al Industri	al Combine	ed Agricultural
130 MOUNT PL	EASANT ROAD - NEWTOWN	Connections			1			

Towns Served: NEWTOWN

Wate	Water System Facility and Sampling Point Inventory												
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	. .	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR								
ruemey 12	RRLR	RR LADY ROOM	<u>Status</u> A	Y	Υ Υ								
	RRMR	RR MENS RR	Α	Υ	Υ								
	SERVSTADUMP	SERVERS STA DUMP SNK	Α	Υ	Υ								
	SERVSTAHS	SERVERS STAT H SNK	Α	Υ	Υ								
	UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700 ENTRY POINT	3	ENTRY POINT	Α										
53703 WELL	2	WELL	Α										
59067 HYDROPNEUMATIC TANKS				<u> </u>									
59069 TREATMENT PLANT													

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Shaun Fuller				130 Mt Pleas	sant Tavern, LLC	Member/Owner				
Mailing Address Lin	dress Line One Mailing Ad			ess Line Two			City	State	Zip Code	
130 Mt. Pleasant Ro	oad					Newtow	'n	СТ	06470	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress			
203-270-3999					914-316-4490	jeep869	jeep869@optonline.net			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

				_								
VS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
	Water Quality Monitoring and Con	npliance S	Schedul	e								
	Connecticut Department of Public Health Drinking Water Section											

СТ0979384 **CONGREGATION ADATH ISRAEL-115HUNTINGTOWN** NC 202 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 115 HUNTINGTOWN ROAD 1

Towns Served: NEWTOWN

PW

TOWNS Served. NEW TOWN							
	Monito	oring Requirement	S				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compli	iance Status
Select from Inventory of Active Sam	pling Points	10/1/18 - 12	/31/18			Co	mplete
		1/1/19 - 3/	31/19			Co	mplete
		4/1/19 - 6/	30/19				
		7/1/19 - 9/	30/19				
Physical Parameters (PPS)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compli	iance Status
Select from Inventory of Active Samp	pling Points	10/1/18 - 12	/31/18			Co	mplete
		1/1/19 - 3/	31/19			Co	mplete
		4/1/19 - 6/	30/19				
		7/1/19 - 9/	30/19				
Water System Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate (1040)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compli	iance Status
ENTRY POINT (3)		10/1/18 - 12	/31/18			Co	mplete
		1/1/19 - 3/	31/19			Co	mplete
		4/1/19 - 6/	30/19				
		7/1/19 - 9/	30/19				
Nitrate And Nitrite (NOX)					1	routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compli	iance Status
ENTRY POINT (3)		1/1/18 - 12/	/31/18			Co	mplete
		1/1/19 - 12/	/31/19			Co	mplete
		1/1/20 - 12/	/31/20				
Wate	r System Facili	ity and Sampling Po	oint Ir	ventor	У		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α				
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				

WELL 1 PRESSURE TANK 58163

ENTRY POINT

00700

53710

	C	ontact Info	ormation				
Name	Organization			Job Title			
Ms. Susan Rubin		Congregation	Adath Israel		Aministrative		
Mailing Address Line One	Mailing Add	lress Line Two			City	State	Zip Code
115 Huntingtown Road	P. O. Box 62	23		Newtow	'n	СТ	06470
Rusiness Phone Extension	av M	Iohila Phona	Emergency Phone	Email Ac	ldrocc		

ENTRY POINT

WELL 1

WITHIN 5 SERVICE CON

Α

Α

Α

UPSTREAM

3

2

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C	Connectic	ut Depa	rtme	ent of	Public	Health	Drir	nking	Water	Section	1	
	Wa	ter Qua	lity N	Ionit o	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Pri	mary Source
СТ0979384	ONGREGATION ADATH ISRAEL-115HUNTINGTOWN						N	IC	202	Р		GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combir	ned	Agricultural
115 HUNTINGTOV	VN ROAD				Connection	ns		1				
Towns Served: NE	WTOWN						,					
Dusiness Filone	LATERISION	Ιαλ		IVIODIN	ernone	Lineigenc	y Filone		ruuress			
203-426-5188								office@	congadath	israel.org		
Contact Role(s):	Administrative	Contact										
Name				Org	ganization					Job Tit	le	
Congregation Ada	th Israel											
Mailing Address Li	ne One		Mailing	Address	Line Two				City	State	!	Zip Code
Board President, 0	Congreg. Adath	Israel	P. O. B	ox 623				Newto	wn	СТ		06470
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	Address	,		
203-426-5188								office@	congadath	israel.org		
Contact Role(s):	Legal Contact	*										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classi	fication	Population	Owner Type	Primary Source			
СТ0979414		ı	NC 43		Р	GW					
Local Address	(where applicable)	Service	Residen	itial C	ommerci	al Industri	al Combine	ed Agricultural			
HAWLEYVILLE	& BARNABAS ROAD	Connections			6						
Towns Served:	NEWTOWN			,			'				
Monitoring Requirements											

Local Address (where applicable)		Service	Residential	Comm	ercial I	ndustrial	Combined	Agricultura
HAWLEYVILLE & BARNABAS ROAD		Connections		6	i			
Towns Served: NEWTOWN								
	Monit	oring Requ	uirement	S				
Water System Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 ro	utine (RT) į	er quarter
Sampling Point (Sampling Point II	o)		Monitoring	Period	Collect	tion Period		ance Status
Select from Inventory of Active Sa	mpling Points		10/1/18 - 12	/31/18			Co	mplete
			1/1/19 - 3/3	31/19			Co	mplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Physical Parameters (PPS)						1 ro	utine (RT)	er quarter
Sampling Point (Sampling Point II	D)		Monitoring	Period	Collect	tion Period	l Compli	ance Status
Select from Inventory of Active Sa	mpling Points		10/1/18 - 12	/31/18			Co	mplete
			1/1/19 - 3/3	31/19			Co	mplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Water System Facility: ENTRY POI	NT (WSF ID: 00700)							
Nitrate (1040)						1 ro	utine (RT)	oer quarter
Sampling Point (Sampling Point II	D)		Monitoring	Period	Collect	tion Period	l Compli	ance Status
ENTRY POINT (3)			10/1/18 - 12	/31/18			Co	mplete
			1/1/19 - 3/3	31/19			Co	mplete
			4/1/19 - 6/3					
			7/1/19 - 9/3	30/19				
Nitrite (1041)						1	. routine (R	
Sampling Point (Sampling Point II	D)		Monitoring		Collect	tion Period		ance Status
ENTRY POINT (3)			1/1/18 - 12/					mplete
			1/1/19 - 12/	•			Со	mplete
			1/1/20 - 12/	31/20				
Wat	ter System Facili	ity and Sai	mpling Po	oint In	vento	ry		
Water					Total	Lead and	1	
System Water System Facility	Sampling Point		int		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBF
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α				
	CHINESEREST	CHINESE RES	TAURANT	Α	Υ		Υ	
	DOWNSTREAM	WITHIN 5 SEE	RVICE CON	Α				
	KSD PAPA AL	KIT SNK DBL	PAPA ALS	Α	Υ		Υ	
	KSHSB PAPA	KSHSBACK PA	APA ALS	Α	Υ		Υ	
	KSHSF PAPA	KSHSFRONT I	PAPA ALS	Α	Υ		Υ	
	LIQUOR STOR	LIQUORSTOR	Ε	Α	Υ		Υ	
	DOCT OFFICE	DOCTOFFICE		۸	V		V	

POST OFFICE POSTOFFICE Υ RRLRPAPA AL RRLR PAPA ALS Α Υ RRMRPAPA AL RRMR PAPA ALS Α Υ UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 **ENTRY POINT** Α NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0979414	HAWLEYVILLE DEVELOPMENT, LLC.			NC	43	Р	GW
Local Address (vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
HAWLEYVILLE 8	BARNABAS ROAD	Connections		6			

	Wa	ter System Facili	ity and Samplin	g Point Ir	nventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
56895	WELL 1	2	WELL 1	Α					
56899	PRESSURE TANK								
59792	TREATMENT PLANT								

			Co	ntact Inf	ormation				
Name				Organization	า	Job Title			
Mr. Steve Nicolosi				Hawleyville Development, LLC.					
Mailing Address Line One Mailing Addr			Mailing Addr	ess Line Two			City	State	Zip Code
			64 Barnabas	Road		Newtow	n	СТ	06470
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
203-426-7196						hawleyvi	lledevl@aol.c	om	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	partment of	Public H	ealth D	rinki	ng W	ater So	ection	
		ality Monit							
PWS ID	PWS Name		011118 0111		assificati			vner Type Pr	imary Source
СТ0979424	CHURCH OF LATTER DAY	SAINTS			NC		373	P	GW
Local Address	(where applicable)		Service	Residential	Comm	ercial I	ndustrial	Combined	Agricultural
16 SAW MILL I			Connections		1				
Towns Served:	NEWTOWN							I	
		Monito	oring Requ	irement	S				
Water Syster	m Facility: WELL #1 (WSI	F ID: 00501)							
E. Coli (301	4)						1 ro	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Period	d Complic	ince Status
WELL #1	(2)		-	10/1/18 - 12,	/31/18			Cor	mplete
				1/1/19 - 3/3	31/19			Cor	mplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 ro	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring Period			tion Period	d Complic	nce Status
Select fro	m Inventory of Active Sampl	ing Points	10/1/18 - 12/31/18					Cor	mplete
				1/1/19 - 3/3	31/19			Cor	mplete
				4/1/19 - 6/3	30/19				
				7/1/19 - 9/3	30/19				
Physical Par	ameters (PPS)						1 ro	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Period	d Complic	ince Status
Select fro	m Inventory of Active Sampl	ing Points	-	10/1/18 - 12,					mplete
				1/1/19 - 3/3				Cor	mplete
				4/1/19 - 6/3					
				7/1/19 - 9/3	30/19				
-	m Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)							routine (R	
	Point (Sampling Point ID)			Monitoring I		Collec	tion Period		ince Status
ENTRY PO	DINT (3)			1/1/18 - 12/					mplete
				1/1/19 - 12/	•			Cor	mplete
				1/1/20 - 12/					
	Water	System Facili	ty and Sar	npling Po	oint In	vento	ry		
Water	And Contains English	Community Date:	C!' 5 '			Total	Lead and		.
•	ter System Facility	Sampling Point ID	Sampling Poil Description	ητ		Coliform Rule			Stage WQP 2 DBPR
Facility ID	11 #1		-		Status ^	nuie	nuie He	i ASDESIUS	VVQF Z DDPK
	LL #1	2	WELL #1	I CVCTCN4	Α	v			
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
00700 [81	TDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 EN	TRY POINT	3	ENTRY POINT		Α				

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59540 TREATMENT PLANT59542 HYDROPNEUMATIC TANK

	Water Quality Moni	toring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0979424	CHURCH OF LATTER DAY SAINTS				NC	373	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
16 SAW MILL F	ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWTOWN

				Contact Inf	ormation						
Name				Organization	1		Job Title				
Mr. Roy B. McDanie	el			Natural Reso	ources-Special Proj		Manager				
Mailing Address Lin	e One		Mailing A	ddress Line Two	City Stat			State	Zip Code		
50 E. North Temple St 12Th Floor			or		Salt Lake	City	UT	84150			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress				
801-240-4656 801-240-4005						mcdanielrb@ldschurch.org					
Contact Role(s): Le	gal Contact, C	Owner	,								
Name				Organization	Organization			Job Title			
Ms. Claudette C. Cla	arke			Yorktown Ny	Yorktown Ny Fm Group Administrative			ve			
Mailing Address Line One Mailing Add				ddress Line Two	Line Two		City	State	Zip Code		
P.O. Box 287				287387	7387 New		·k	NY	10128		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress				
212-876-7770		212-876-	7771		917-887-7987	ccclarke@idschurch.org					

Contact Role(s): Administrative Contact

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End of schedule